Name in Full **Margaret Orr** — Certificate of Death

Died at — Town: [illegible] — County: Somerset — MARYLAND

| Date | Month | Day | Age Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|
| ~~1890~~ 1907 | 6 | 4 | 70 | — | | Somerset | Farmer |

~~Male~~ White yes Married Widow yes Divorced

Female yes ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband / Wife of Jas Orr

Father's Name — Mother's Name

Cause of Death — Primary: Injury to head 2 yrs ago — How long sick: Invalid 2 yrs.

Immediate: Paralysis — 140 — Accident, Suicide, Homicide

Reported by Dr. J. H. Somers

Address Crisfield Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

James Upshur Dennis

Certificate of Death

Died at Town Princess Anne. County Somerset. MARYLAND

Date ~~189~~ 1900 Month 12 Day 23 | Age Y. 76. M. D. | Native of Somerset | Occupation Lawyer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 4

Husband of Wife Mary Luckel.

Father's Name Littleton Dennis | Mother's Name Ann.

Cause of Death Primary Peritonitis | Immediate Asthenia | 93 | How long sick 5 days | Accident, ~~Suicide~~, ~~Homicide~~

Reported by M. W Goldsborough.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Robert Elzey

Died at — Town: Princess Anne — County: Somerset — MARYLAND

| Date | Month | Day | Age Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|
| 1917 | June | 2 | 0 | 2 | 4 | Md | |

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living

Husband of Wife

Father's Name: Richard Elzey — Mother's Name: Rose Elzey

How long sick

Cause of Death: Primary / Immediate

Accident, Suicide, Homicide

Reported by: Wm H. Smith, undertaker

Address: Princess Anne Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Rebekah Ewing

Certificate of Death

Died at Town Crisfield County Somerset MARYLAND

Date 1900 Month June Day 8 | Age Y. 4 M. 7 D. 2 | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number ~~of children living~~

~~Husband of Wife~~ —

Father's Name Charles H Ewing | Mother's Name Annie Ewing

Cause of Death — Primary Influenza | How long sick one week

Immediate | Accident, Suicide, Homicide

Reported by W. F. Hall

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Sarah Magaret Green

Died at Town Mt Vernon County Somerset MARYLAND

| Date | Month | Day | Age | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|---|
| 1900 | 6 | 18 | | 48 | - | - | Md. | Housework |

~~Male~~ White Married ~~Widow~~ ~~Divorced~~.

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ of
Wife John William Green

Father's Name G. T. Parks. Mother's Maiden Name Martha Roberts

Cause of Death
Primary Phthisis 2 Yr
Immediate Exhaustion.

How long sick 7 months

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. Wilson M. D.

Address Mt Vernon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79939

Name In Full — Adam Harris — Certificate of Death

Died at — Town: Mt Vernon — County: Somerset — MARYLAND

Date 1912 — Month: 6 — Day: 9 — Age: Y. 65 — M. - — D. - — Native of: Md — Occupation: Oysterman

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living: 5

Husband of ~~Wife~~ — Caroline Harris

Father's Name: George Harris — Mother's Name: Hetty Wallace

Cause of Death — Primary: Dysentery 84 — How long sick: 10 days

Immediate: Intestinal Hemorrhage — Accident, Suicide, Homicide

Reported by: B. Wilson M.D.

Address: Mt Vernon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Галичина Східна — З. Укр.

〃 Західна

Св. Ел. Земля, З.З. Укр.

Name in Full Cornelius H. Joldersma

Certificate of Death

Died at Town County Somerset MARYLAND

Date 19 20 Month 6 Day 12 | Age Y. M. D. | Native of Holland | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary / Immediate: Consumption 2 2 | How long sick | Accident, Suicide, Homicide

Reported by Wicomico Heuk

Address 6-15-1920

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Mrs. Rebecca Larmore

Certificate of Death

Died at Town Princess Anne County Somerset MARYLAND

| Date 19 00 | Month 6 | Day 27 | Age Y. M. D. | Native of | Occupation |
|---|---|---|---|---|---|

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary 761

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Salisbury Courier

Address 6-30-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 72899

Name In Full Lillie Milles

Certificate of Death

Died at Town Crisfield County Somerset MARYLAND

Date ~~183~~ 19 Month 6 Day 14 | Age Y. – M. 1 D. | Native of Crisfield | Occupation —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | Divorced ~~Number of children living~~

Husband of Wife

Father's Name Thomas Henderson | Mother's Name May Henderson

Cause of Death: Primary / Immediate Unknown | How long sick | ~~Accident, Suicide, Homicide~~

Reported by Isaac D. Fields

Address Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78908

Name in Full

Esther Phillips

Certificate of Death

Died at Princess Anne. Town County Somerset MARYLAND

Date ~~189~~ 1900 Month 6 Day 18 | Age Y. 2 M. D. | Native of Somerset | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number ~~of children living~~

Husband of Wife

Father's Name Geo. Phillips

Mother's Name Mary Huffington

Cause of Death

Primary Ilio Colitis

Immediate Asthenia

82

How long sick 10 days

Accident, Suicide, Homicide

Reported by M. W. Goldsborough

Address Princess Anne.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

Name in Full *Maggie Wallace* Certificate of Death

Died at *Deal Island* Town County *Somerset* MARYLAND

Date 19*00* Month *June* Day *29* Age Y. *28* M. *?* D. *?* Native of *Md* Occupation *Housewife*

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

Husband ~~Wife~~ of *Wesley Wallace*

Father's Name ~~*George Damrell*~~ *Major Sloey* Mother's Maiden Name *Julia Damrell*

Cause of Death Primary *Brights Disease* How long sick *5 months*

Immediete *Uraemia*

~~Accident Suicide Homicide~~

Reported by *James Cooper*

Address *Deal Island*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full | Certificate of Death

Mary. Walter

Died at Somerset Co. (Town) Deal Island (County) MARYLAND

Date ~~1898~~ 1900 Month June Day 17 | Age Y. 29 M. - D. 7 | Native of Md | Occupation Housewife

~~Male~~ | White | Married / | ~~Widow~~ | ~~Divorced~~

Female | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living None.

~~Husband~~ ~~of~~ Wife Perry Walter

Father's Name | Mother's Name

Cause of Death — Primary: Gastro intestinal catarrh | How long sick: 6 months

Immediate: Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by James Cooper M.D.

Address Deal Island Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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...ended by Dr. ______________________

of ______________________

Seen by Com... ______________________

of ______________________

Information contained in this certificate re-
ceived from ______________________

of ______________________

Name in Full Ethel May Washburn

Certificate of Death

Died at Town Princess Anne County Somerset. MARYLAND

| Date 189 | Month | Day | Age Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|
| | 6. | 28 | 2 | | | Somerset | |

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number ~~of children~~ living

Husband of Wife

Father's Name Thos. Washburn

Mother's Name Leonie Knott.

Cause of Death

Primary Ilio Colitis

Immediate Asthenia

8E

How long sick 9 days

Accident, Suicide, Homicide

Reported by M. W. Goldsborough

Address Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Thelma Webster | Certificate of Death

Died at Town Deal's Island County Somerset MARYLAND

Date 1900 Month Day 6-26 Age Y. M. D. 8-15 Native of Md. Occupation —

~~Male~~ White ~~Married~~ Wi~~dow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Nu~~mber of children living~~

Husband of Wife

Father's Name Fred Webster Mother's Name Bertie Webster

Cause of Death Primary Inflammatory Diarrhoea How long sick 2 weeks

Immediate Asthenia 82 Accident, Suicide, Homicide

Reported by H. G. Alexander

Address Deal's Island Somerset Co,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7???R

Name in Full | Certificate of Death

William Ed. Wilson

Died at (Town) Crisfield (County) Somerset MARYLAND

Date Yr. 1900 Month June Day 15 | Age Y. 78 M. D. | Native of Md | Occupation Clerk

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 1

Husband ~~Wife~~ of Arthia Wilson

Father's Name Albert T. Wilson | Mother's Name Sarah Wilson

Cause of Death
- Primary: Brights Disease
- Immediate: Uremia

How long sick: One year

~~Accident, Suicide, Homicide~~

Reported by W. F. Hall 97

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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